

MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/544266

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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35			1			
36					1	
37					1	
38					1	
39					1	
40					1	
41			1		1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49			1		1	
50					1	
TOTAL IND.	11	11	3	3	3	3
TOTAL DEP.	11	11	17	17	17	17
TOTAL CLAIMS	32	32	20	20	20	20

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						